Depression Combined with Somatic Symptomatology Among Adolescent Females Who Report Concerns Regarding Maternal Achievement

Brett Silverstein
City College of New York

Deborah Perlick
Cornell Medical College

Joanne Clauson
University of Vermont

Elizabeth McKoy
City College of New York

Recent research suggests that many females who mature during periods of great change in women's roles develop, beginning at adolescence, depressive symptomatology combined with such somatic problems as headache, dyspnea, insomnia, disordered eating, and preference for thinness. In this study of possible psychological mechanisms underlying the apparently paradoxical development of such symptomatology during periods of increased opportunity for women, 20% of females attending a suburban high school reported concerns regarding the limited achievements of their mothers and the limitations being female had placed upon their mothers. Compared to other female students, these respondents exhibited a greater correlation between depressive and somatic symptomatology and a higher prevalence of depression combined with somatic symptomatology. Prevalence of combined symptomatology was particularly high among respondents who also reported paternal biases against females and among those who indicated concerns regarding the limitations that being female had placed upon themselves.

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2To whom correspondence should be addressed at Department of Psychology, City College of New York, New York, NY 10031
Depression has been found to be associated with many somatic problems, including headache (Merikangas, Angst, & Isler, 1990; Merskey, 1985), dyspnea and asthma (Creer, 1978), insomnia (Vollrath, Wicki, & Angst, 1989), eating disorders (Levy, Dixon, & Stern, 1989; Swift, Andrews, & Barklage, 1986), and body image disturbances (Pruzinsky, 1980). But several reviews of the literature on the relationship between depression and somatic symptomatology (Kellner, 1990; Levy et al., 1989; Lipowski, 1990; Merskey, 1985) have found little support for the hypothesis that somatic symptoms simply result from depression. Recent research suggests an important role played by gender, adolescence, and female aspirations toward academic and professional achievement in the relationship between depression and somatization.

Gender Differences in Prevalence and Comorbidity

Studies of levels of symptomatology in samples of adolescents have found that compared to males, females exhibit greater depression (Allgood-Merton, Lewinsohn, & Hops, 1990; Ostrov, Offer, & Howard, 1989; Verrulst, Prince, Vervururt-Pool, & DeJong, 1989); disordered eating (Rosen, Silberg, & Gross, 1988; Timmerman, Wells, & Chen, 1990); weight concerns, bodily dissatisfaction, and preferences for thinness (Ostrov et al., 1989; Richards, Casper, & Larson, 1990; Rosen et al., 1988); headache (Rauste-von Wright & von Wright, 1992; Verrulst et al., 1989); dyspnea (Rauste-von Wright & von Wright, 1992), and insomnia (Price, Coates, Thoresen, & Grinstead, 1978).

Prior to adolescence, however, the gender differences in the prevalence of these symptoms are much smaller or in the opposite direction, for females have been found to exhibit much greater increases during adolescence than males in symptoms of depression (Ehrenburg, Cox, & Koopman, 1990; Petersen, Sarigiani, & Kennedy, 1991; Verrulst et al., 1989), eating problems and concerns about weight and bodily imperfections (Kashani, Orvaschel, Rosenberg, & Reid, 1989; Richards et al., 1990; Verrulst et al., 1989), and most somatic symptoms (Rauste-von Wright & von Wright, 1981, 1992), including headache (Verrulst et al., 1989). Depressive symptomatology (Pearce, 1978; Rutter, 1980), headache (Linet & Stewart, 1987), and breathing difficulties (Gerstman, Bosco, Tomita, Gross, & Shaw, 1989) have actually been found to be more prevalent among males than among females until adolescence or early adulthood.

The correlation between these symptoms is also greater among females than among males. Clinical depression has been reported to be more highly related among females than among males to disordered eating and